

RECEIVED
CENTRAL FAX CENTER

001/005

SEP 23 2009

FAX TRANSMISSION

DATE: September 23, 2009

PTO IDENTIFIER: Application Number 10/712,853-Conf. #8654
Patent Number 7,006,870

Inventor: Todd K. Whitehurst et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: DARBY & DARBY P.C.

Bruce E. Black, Ph.D.

PHONE: (206) 262-8900

Attorney Dkt #: 10527-783002

PAGES (Including Cover Sheet): 5

CONTENTS:	Statement By Assignee to Establish Ownership (37 CFR 3.73(b)) (1 page)
	Transmittal (1 page)
	Power of Attorney, Revocation Change of Correspondence Address
	Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (206) 262-8900 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

DARBY & DARBY P.C.

P.O. Box 770, Church Street Station, New York, New York 10008-0770
Telephone: (206) 262-8900 Facsimile: (212) 527-7701

RECEIVED
CENTRAL FAX CENTER
SEP 23 2009

002/005

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

~~Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.~~

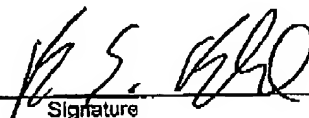
Application No. (if known): 10/712,853

Attorney Docket No.: 10527-783002

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on September 23, 2009
Date


Signature

Bruce E. Black, Ph.D.

Typed or printed name of person signing Certificate

41,622

Registration Number, if applicable

(206) 262-8900

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Statement By Assignee to Establish Ownership (37 CFR 3.73(b)) (1 page)
Transmittal (1 page)
Power of Attorney, Revocation Change of Correspondence Address
Fax Cover Sheet (1 page)

RECEIVED
CENTRAL FAX CENTER

0003/005

SEP 23 2009

PTO/SB/21 (07-08)

Approved for use through 07/31/2012. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

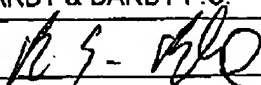
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	Patent#: 7,006,870	
	Filing Date	Issued: February 28, 2006	
	First Named Inventor	Todd K. Whitehurst	
	Art Unit	3742	
	Examiner Name	D. L. Robinson	
Total Number of Pages in This Submission	5	Attorney Docket Number	10527-783002

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) - 1 page Certificate of Transmission - 1 page Fax Cover Sheet - 1 page
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DARBY & DARBY P.C.		
Signature			
Printed name	Bruce E. Black		
Date	September 23, 2009	Reg. No.	41,622

4506973.1 8204475-000